STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005011	A. BUILDING: _____ B. WING _____	03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCADIA CARE KEWANEE	144 JUNIOR AVENUE KEWANEE, IL 61443

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S 000	Initial Comments First Probationary Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 3: 300.610a) 300.1210b)3) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. 3) All nursing personnel shall assist and encourage residents so that a resident who is incontinent of bowel and/or bladder receives the	S9999		

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appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. All nursing personnel shall assist residents so that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary.

This REQUIREMENT is not met as evidenced by:

Based on observation, interview and record review, the facility failed to complete hand hygiene prior to and during urinary catheter care for one of two residents (R38) reviewed for indwelling urinary catheters in the sample of 35.

Findings include:

The facility's Urinary Catheter Care policy, dated 10/2024, documents "Purpose: To establish guidelines to reduce the risk of or prevent infections in resident with an indwelling catheter. Guidelines: 2. Hand hygiene shall be performed before and after touching any part of the urinary catheter drainage system."

The facility's Infection Precaution Guidelines, dated 10/2024, documents "Standard Precautions combine the major features of Universal Precautions and Body Substance Isolation and are based on the principle that all blood, body fluids, secretions, excretions (except sweat), mucous membranes may contain transmissible infectious agents. Standard Precautions consist of a group of infection prevention practices that apply to all residents, regardless of suspected or confirmed infection

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status, in any stetting in which healthcare is delivered. These include hand hygiene. Standard precautions will be employed by all personnel for all residents at all times."

R38's current computerized medical record documents R38 was admitted to the facility on 11/1/24 with the following, but not limited to, diagnoses: Retention of Urine, Benign Prostatic Hyperplasia, and Obstructive and Reflux Uropathy.

R38's Physician Order Sheet, dated 3/20/25, documents R38 has an indwelling urinary catheter.

On 3/19/25 at 2:02 PM V6 (Certified Nursing Assistant/CNA) and V7 (CNA) were preparing to perform R38's urinary indwelling catheter care. V6 and V7 assisted R38 to his bed with gloved hands. V7 pulled R38's privacy curtain with her right hand once R38 was in bed. V6 and V7 both assisted in removing R38's pants and brief with their gloved hands. V7 removed her gloves and reapplied new gloves without washing or sanitizing her hands. V7 then performed urinary catheter care. After V7 performed R38's urinary catheter care, V7 readjusted R38's catheter, removed her gloves and applied new gloves without washing or sanitizing her hands. V7 then applied a new brief on R38. V7 never washed or sanitized her hands throughout R38's entire indwelling urinary catheter care procedure.

On 3/19/25 at 2:25 PM V6 and V7 verified they should have washed their hands prior to performing catheter care and in between glove changes when going from dirty to clean areas. V7 stated, "I knew I was supposed to use an alcohol-based sanitizer or wash my hands, but I

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S9999	Continued From page 3 didn't want to bring the huge bottle of alcohol-based sanitizer we (the facility) have into (R38's) room." On 3/20/25 at 9:43 AM V3 (Assistant Director of Nursing/Infection Preventionist) verified that V7 (CNA) should have washed her hands before providing urinary catheter care and during R38's indwelling urinary catheter care procedure. "B" Statement of Licensure Violations 2 of 3: 300.1610a)1) 300.1640a) Section 300.1610 Medication Policies and Procedures a) Development of Medication Policies 1) Every facility shall adopt written policies and procedures for properly and promptly obtaining, dispensing, administering, returning, and disposing of drugs and medications. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility. These policies and procedures shall be in compliance with all applicable federal, State and local laws. Section 300.1640 Labeling and Storage of Medications a) All medications for all residents shall be properly labeled and stored at, or near, the nurses' station, in a locked cabinet, a locked medication room, or one or more locked mobile medication carts of satisfactory design for such storage.	S9999		

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S9999	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure a multidose insulin pen injector and a multidose tuberculin vial were labeled and dated when opened. These failures have the potential to affect all 56 residents residing in the facility. Findings include: The facility's Medication Storage Policy, dated 10/2024, documents "Purpose: To ensure proper storage, labeling, and expiration dates of medications, biologicals, syringes, and needles. Guidelines: 5. Once any medication or biological package is opened, Facility should follow manufacturer supplier guidelines with respect to expiration dates for opened medications. Facility should record the date opened on the medication container when the medication has a shortened expiration date once opened." The Manufacturer Guidelines for Aplisol (Tuberculin), undated, documents "Aplisol vials should be inspected visually for both particulate matter and discoloration prior to administration and discarded if either is seen. Vials in use for more than 30 days should be discarded. The facility's Pharmacy Audit Assistance Service, dated 1/22/2019, documents "Tresiba FlexTouch (insulin) 100 units/ml (milliliter) expiration date 56 days after opening." R18's current Physician Order Sheet, dated 3/20/25, documents the following Physician Order: Tresiba FlexTouch Subcutaneous Solution Pen-injector 100 units/ml (insulin)- Inject 40 units subcutaneously one time a day.	S9999		

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S9999	Continued From page 5 On 03/17/25 at 11:40 AM V11 (Licensed Practical Nurse) opened the top right drawer to B and C Wing medication cart where residents' insulin pens and vials were stored. In this drawer R18's Tresiba FlexTouch 100units/ml insulin pen injector, 1/3 full was not labeled with an open date. V11 then opened the refrigerator located in the B and C Wing medication storage room. Located in the refrigerator was Aplisol (Tuberculin) 5TU (Tuberculin) units/0.1ml,1/2 full and not labeled with an open date. On 3/17/25 at 11:44 AM V11 verified R18's multidose insulin pen and the multidose vial of (Tuberculin) were both open and not labeled with an open date and should have been. V11 stated, "The vial of (Tuberculin) is used for any resident in the facility." On 3/17/25 at 1:30 PM V2 (Director of Nursing) verified multidose insulin pens or vials and (Tuberculin) vials should be labeled and dated with an open date. "C" Statement of Licensure Violations 3 of 3: 300.610a) 300.3220f) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The	S9999		

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policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.

Section 300.3220 Medical Care
f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders. (Section 2-104(b) of the Act)

This REQUIREMENT is not met as evidenced by:

Based on observation, interview, and record review the facility failed to obtain an order and follow a physician order for oxygen use and ensure an oxygen care plan was developed for two of three residents (R16 and R21) reviewed for oxygen in the sample of 35.

Findings include:

The Facility's Oxygen Concentration, dated 10/2024, documents "Procedure: 1. Verify and understand the physician's order. 2. Know the flow rate and duration of use."

The Facility's Medication Administration Policy, dated/revised 01/2015, states "Medications must be administered in accordance with a physician's order, e.g. (for example), the right resident, right medication, right dosage, right route, and right time."

The Facility's Comprehensive Care Plan Policy, dated/revised 11/2017, states "The purpose of

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this policy is to develop a comprehensive care plan that directs the care team and incorporates the resident's goals, preferences, and services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. The facility will develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment."

1. On 3/17/2025 at 10 AM, R21 was lying in bed with oxygen flowing at 4.5L (liters) per nasal cannula.

R21's current Physician Order Sheet, dated 3/17/25, does not contain a physician order for the use of oxygen.

On 3/17/2025, at 9 AM R21's current care plan did not address R21's oxygen use.

On 3/17/2025 at 10:15 AM, V9 (Licensed Practical Nurse/LPN) confirmed R21's oxygen per nasal cannula was set at 4.5 liters. V9 also confirmed R21 had no order for oxygen via nasal cannula.

On 3/17/2025 at 10:35 AM V2 (Director of Nursing) verified R21 did not have a current physician order for oxygen or a care plan that address R21's oxygen use. V2 stated, "I do not see an order for (R21) to have oxygen. (R21) should have an order for oxygen in order for (R21) to receive oxygen via nasal cannula." V2 added an order for R21 to receive oxygen and updated R21's care plan to reflect R21 receiving

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S9999	Continued From page 8 oxygen after being made aware. 2. On 3/17/2025 at 10 AM, R16 was lying in bed with oxygen flowing at 4L per nasal cannula. On 3/18/2025 at 1:35 PM, R16 was lying in bed with oxygen flowing at 4L per nasal cannula. R16's current Physician Order Sheet, dated 3/20/2025, states "Oxygen at 2L via nasal cannula (wean as tolerated) as needed for prophylactic". On 3/18/2025 at 1:40 PM, V10 (LPN) confirmed R16's oxygen per nasal cannula was set at 4L. V10 also confirmed R16's order states "Oxygen at 2L via nasal cannula (wean as tolerated) as needed for prophylactic." "B"	S9999		